

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002557

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** PROPERTY OWNERS OF THE RESERVE, INC.

**Current Principal Place of Business:**

7825 SABLE LAKE DRIVE  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880074  
PORT SAINT LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 65-0760333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, JANE L ESQ  
401 E. OSCEOLA STREET  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WEBB, HORACE  
**Address:** 7825 SABLE LAKE DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** V  
**Name:** POVER, PETER  
**Address:** 8028 LINKS WAY  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** T  
**Name:** SILVER, STANLEY  
**Address:** 7700 WEXFORD WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

**Title:** S  
**Name:** SIMONS, ROBERT  
**Address:** 7224 MYSTIC WAY  
**City-St-Zip:** PORT SAINT LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HORACE WEBB

P

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date